REQUEST FOR PERSONNEL ACTION									DATE PREPARED 27 JULY 1965									
1. SERIAL NUM	BER	2. NAME	(Last-	First-N	(iddle)								L					
024345 PHILLIPS, DAVID A.C.																		
3. NATURE OF PERSONNEL ACTION							4. EFFECTIVE DATE REQUESTED 5. CATEGORY OF EMPLOYMENT											
REASSIGNMENT								MUL	BAY				GIII.	T.AD				
V TO V V TO CF							······································	7. COST CENTER NO. CHARGE-				8. LEGAL AUTHORITY (Completed by Office of Personnel)						
6. FUNDS CF TO V					XX	CF 10	CF .	6135 0875				r crounce)						
9. ORGANIZATIONAL DESIGNATIONS DDP/WH FOREIGN FIELD BRANCH 2 SANTO DOMINGO, DOMINICAN REPUBLIC STATION							10. LOCATION OF OFFICIAL STATION											
11. POSITION									12. POSITION NUMBER				13. CAREER SERVICE DESIGNATION					
ATT POL OFF OPS OFFICER (CHIEF OF STATIO						u)	0274											
14. CLASSIFICA					Or			NAL SERIES	16. GRADE		EP			D ARY OR	RATE			
FSR		,	•		:				0:	3 5				16,	920		:	•
GS 18. REMARKS						0	186	.01	15 4			\$ 18,170						
MEMORANDUM SENT TO DDCI VIA DDP REC MR. PHILLIPS AS COS, SANTO DOMINGO ON 13 APRIL 1965. MR. PHILLIPS REE WHO HAS BEEN ASSIGNED TO WH/BRANCH 6 JUNE 1965. FORM 259 HAS BEEN SUBMITTED 1-FINANCE 1-SECURITY						PLACED MR. EDWIN M. TENRELL 02												
ROBERT D. CASHMAN C/WH/PERS							<u> </u>											
				SP/	ACE B			XCLUSIVE U								1		
19. ACTION 20.	CODE	21.	OFFICE	ALPHAI	ETIC	22. STATIO		23. INTEGREE CODE	24, HDQTIS. Code	25. DA	DA.		26. DA	DA.	VR.	27. MO.	DATE OF	VR.
28. NITE EXPI	es	29. SPECI	AL .	30.	RETIREMI	NT DATA		31. SEPARATION	32. CORRECT	ON /CANC	ELLATIO	DN DATA				33. SECU		34. SEX
MO. DA.	YR.		EBICE	1-CSC 3-FICA 5-HOME		CODE		DATA CODE	TYPE		DA 		EOD DATA REQ. NO			NO.		
35. VET. PREFER					G. COMP. I	DATE	38. CAREER CA	TEGORY 39. FEGLI/HEAI			TH INSURANCE			40. SOCIAL SECURITY NO.				
1-	-NONE -5 PT. -10 PT.	MO.	DA.	YR. MO.		DA.	YR.	CAR/RESV PROV/TEMP	COOE	DOE CODE 0-WAIYER			HEALTH INS. CODE					
	EVIOUS GOI	VERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43.	FEDERAL TAX DATA CODE NO. TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO. TA				STATE COOS			
1-2-	CODE O-BO PREVIOUS SERVICE -BO BREAK IN SERVICE -BREAK IN SERVICE (LESS THAM 3 YEARS) -BREAK IN SERVICE (MODE THAM 3 YEARS)							PORM EXECUTED 1—YES 2—NO	CODE NO. TAX EXEMPTIONS		me itUNS	1—YES 2—H0			EXEMP.	STATE CODE		
45. POSITION CONTROL CERTIFICATION						J	46. O.P. APPROVAL						OUR 1		TE APPR	OVED (4)		

6-63 1152 USE PREVIOUS EDITION

RETURN TO CIA
Background Use Only
Do Not Reproduce

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING
AND DECLASSIFICATION

14-00000

		EMPLOYEE NOTIC	E OF RESIDNATION	Ca	
I RESIGN EFFECTIVE		FOR THE FOLLOW		STANE.	
RESIGN EFFECTIVE	(Date)				
•			Aug 3 3 40 F	Pk acc	
			.07	11 62	
			MAIL ROOM		
			- 100m		
MY LAST WORKING DAY WILL BE	-	DATE SIGNED	SIGNATURE OF EMPLOYEE		
FORWARD COMMUNICATIONS, II	NCLUDING SALAR	Y CHECKS AND BONDS, TO THE FOLLO	OWING ADDRESS (Number, Sir	reet, City, State, Zip Code)	
		INSTRI	JCTIONS		
					:::::
Items 1 thru 7		ing office should fill in information which perta			
Items 9 thru 18a		ne employee unless spec			o the current
		• • •	·		••••
Item 5 -	"Category	of Employment" should	show one of the foll	lowing entries:	
	Dogular		Summer	· WAE	
	Regular Part Time		Detail Out	Consultant	
	Temporary	•	Detail In .	Military	• •
•		-Part Time			••••
				••••	•••
.Item 9 -	"Organizat	tional Designations" sho	ould show all levels	of organization pertinen	t to identify
•	ing the loc	eation of the position:		***	****
· •	Major Co	mponent (Director, Depu	ty Director, etc.)	,• ••	. :
FIRST		Major Staff, etc.	,, 2,	· · · · · · · · · · · · · · · · · · ·	111
		eld or U.S. Field (if pert			
		or Staff (subordinate to	first line)		
	Branci Sect				
		nit			
	,				
Items 11 and 15 -	"Position	Title" and "Occupation	nal Series" should be	e the standard abbrevia	ited title and
	correspond	ling occupational series	in Handbook of Of	ficial Occupational Title	es and Codes
	for the du	ties actually to be perf	ormed by the emplo	yee. If different from	the title and
•	series of the	he position occupied as	shown on the most	current edition of the l	Position Con-
	18-Remar	ter or Form 261, Staffing	g Complement Chang	ge Authorization, explain	n under iten
Item 18b	Signature	should be that of the off	cial authorized to ap	prove for the Career Ser	vice to which
2000	the employ	vee belongs. If more th	an one Career Service	e is involved, the gaining	Career Serv-
	ice should d	approve and the other Ca	reer Service should co	oncur in Item 18, Rema	rks.
normaliza em				of Domonard March	
ROUTING- The ori	ginal only	of this form will be for tial(s). In the case of t	warded to the Office	Of Personnel through the	e appropriate juite advance
approva	d of or not	issication to the Office of	Security or the Office	e of the Comptroller, o	ne copy only
		Office(s) concerned.	,	•	•